								Application or Docket Number					
	PATENT	10829'039											
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR		R THAN ENTITY	
TOTAL CLAIMS			18					RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUM	NUMBER EXTRA		BASIC FE	E 385.00	OR	BASIC FE	770.00	
TOTAL CHARGEABLE CLAIMS			/ minus 20=		. 0		ı	XS 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		• /		Ì	X43=		OR	X86=	Cu	
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT				+145=			OR	+290=		
- 11	the difference	e in column 1 is	less than z	ero, enter "0" in column 2			L	TOTAL	†	OR	TOTAL	856	
CLAIMS AS AMENDED - PART II											OTHER	THAN	
(Column 1) (Column 2)						(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		*		X\$ 9=		OR	X\$18≃		
	Independent	•	Minus	944		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						 	+145=		OR	+290=		
								TOTAL			TOTAL		
		Al	DDIT. FEE	<u> </u>	jon,	ADDIT. FEE							
		(Column 1) CLAIMS	Ι.	(Colum	ST	(Column 3)	Г		ADDI-	1 [ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOI PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		=	T	X43= .		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
								TOTAL	·	OR A	TOTAL DDIT. FEE		
		(Column 1)	(Column 3)				, -						
AMENDMENTC	.	CLAIMS REMAINING AFTER AMENDMENT	·	(Columi HIGHE NUMBE PREVIOU PAID FO	ST ER JSLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		2		X43=		Ē	X86=		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
				<u>.</u>		•	Ŀ	145=		OR	+290=		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE OR OR TOTAL ADDIT. FEE													
		nber Previously Pai ber Previously Paid					ound	in the app	ropriate box	in colu	no 1.	I	
										•	•	1	